

Familiarity of emergency physicians with the safe handling of firearms: A needs assessment survey

1. Which of the following best describes your role in the Emergency Department?

Mark only one oval.

- ☐ Resident PGY1
- ☐ Resident PGY2
- ☐ Resident PGY3
- ☐ Resident PGY4
- ☐ Fellow
- ☐ Attending
- ☐ Other: _____

2. Please select the state in which you are currently training/practicing:

Mark only one oval.

- ☐ Alabama
- ☐ Alaska
- ☐ Arizona
- ☐ Arkansas
- ☐ California
- ☐ Colorado
- ☐ Connecticut
- ☐ Delaware
- ☐ Florida
- ☐ Georgia
- ☐ Hawaii
- ☐ Idaho
- ☐ Illinois
- ☐ Indiana
- ☐ Iowa
- ☐ Kansas
- ☐ Kentucky
- ☐ Louisiana
- ☐ Maine
- ☐ Maryland
- ☐ Massachusetts
- ☐ Michigan
- ☐ Minnesota
- ☐ Mississippi
- ☐ Missouri
- ☐ Montana
- ☐ Nebraska
- ☐ Nevada
- ☐ New Hampshire
- ☐ New Jersey
- ☐ New Mexico
- ☐ New York
- ☐ North Carolina
- ☐ North Dakota
- ☐ Ohio

- ☐ Oklahoma
- ☐ Oregon
- ☐ Pennsylvania
- ☐ Rhode Island
- ☐ South Carolina
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ Utah
- ☐ Vermont
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming

3. What description best characterizes your primary emergency department?

Mark only one oval.

- ☐ Urban
- ☐ Suburban
- ☐ Rural

4. What is the yearly census of your primary emergency department?

Mark only one oval.

- ☐ <40,000 visits/year
- ☐ 40,000-59,999 visits/year
- ☐ 60,000-79,999 visits/year
- ☐ 80,000-100,000 visits/year
- ☐ >100,000 visits/year

5. What is your primary emergency department's status as a trauma center?

Mark only one oval.

- ☐ Level 1
- ☐ Trauma center, not level 1
- ☐ Not a trauma center

6. Please select the gender you most identify with:*Mark only one oval.*

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

Firearms exposure**7. How many times during the week do you feel acutely unsafe with regards to your physical well-being while at work in the emergency department?***Mark only one oval.*

- ☐ Never
- ☐ 1-2 times per week
- ☐ 3-4 times per week
- ☐ Daily
- ☐ More than once per shift

8. How often do you handle firearms in your daily life?*Mark only one oval.*

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Yearly
- ☐ Less frequently, but I do handle firearms
- ☐ Never *Skip to question 11.*

Firearms exposure**9. Which type of firearm have you handled in your daily life? (select all that apply)***Check all that apply.*

- ☐ Handgun, revolver
- ☐ Handgun, semiautomatic
- ☐ Rifle
- ☐ Shotgun
- ☐ Military-style weapon (e.g. AR15, AK-47, SKS)
- ☐ Pellet or airgun
- ☐ I have never encountered a firearm

10. How often do you personally encounter firearms in your primary emergency department or its immediate environment (waiting room, parking lot, ambulance bay, etc.)?

Mark only one oval.

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Yearly
- ☐ Less frequently, but I do personally encounter firearms in/around the ED
- ☐ Never

Firearms training

11. To what extent have you had firearms training?

Mark only one oval.

- ☐ I have had FORMAL training (e.g. gun safety course, tactical firearms training, concealed carry firearm training, NRA training, etc.)
- ☐ I have had INFORMAL training.
- ☐ I have never had any kind (formal or informal) of firearms training. Skip to question 13.

Firearms training

If you have had both formal and informal training, please select only "Formal"

12. With which type of firearms have you received formal or informal training? (select all that apply)

Mark only one oval per row.

	Formal	Informal	None
Handgun, revolver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handgun, semiautomatic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rifle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shotgun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Military-style weapon (e.g. AR15, AK-47, SKS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pellet or airgun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Firearms handling in the Emergency Department

13. **If you were to encounter a firearm in a patient's possession, how confidently do you feel you could safely handle it until it can safely be turned in to law enforcement?**

Mark only one oval.

- ☐ Extremely confident
- ☐ Moderately confident
- ☐ Somewhat confident
- ☐ Slightly confident
- ☐ Not at all confident

14. **With which steps of safe firearm handling with respect to a revolver-type handgun do you feel proficient? (select all that apply)**

Check all that apply.

- ☐ Treating every firearm as if it is loaded
- ☐ Always pointing the firearm in a safe direction
- ☐ Engaging the safety
- ☐ Unloading the firearm

15. **With which steps of safe firearm handling with respect to a semiautomatic handgun do you feel proficient? (select all that apply)**

Check all that apply.

- ☐ Treating every firearm as if it is loaded
- ☐ Always pointing the firearm in a safe direction
- ☐ Engaging the safety
- ☐ Unloading the firearm

16. **With which steps of safe firearm handling with respect to a rifle do you feel proficient? (select all that apply)**

Check all that apply.

- ☐ Treating every firearm as if it is loaded
- ☐ Always pointing the firearm in a safe direction
- ☐ Engaging the safety
- ☐ Unloading the firearm

17. **With which steps of safe firearm handling with respect to a shotgun do you feel proficient? (select all that apply)**

Check all that apply.

- ☐ Treating every firearm as if it is loaded
- ☐ Always pointing the firearm in a safe direction
- ☐ Engaging the safety
- ☐ Unloading the firearm

18. With which steps of safe firearm handling with respect to an airgun or pellet gun do you feel proficient? (select all that apply)

Check all that apply.

- ☐ Treating every firearm as if it is loaded
- ☐ Always pointing the firearm in a safe direction
- ☐ Engaging the safety
- ☐ Unloading the firearm

19. With which steps of safe firearm handling with respect to a military-style weapon do you feel proficient? (select all that apply)

Check all that apply.

- ☐ Treating every firearm as if it is loaded
- ☐ Always pointing the firearm in a safe direction
- ☐ Engaging the safety
- ☐ Unloading the firearm

Hospital Safety Policies

20. Are you aware of a hospital protocol regarding handling and management of firearms discovered in the possession of patients within your primary emergency department?

Mark only one oval.

- ☐ Yes, my hospital has a protocol regarding handling of a firearm found in a patient's possession.
- ☐ No, my hospital does not have a protocol regarding handling of a firearm found in a patient's possession.
- ☐ I am unsure if my hospital has a protocol.

21. To what extent does your primary emergency department have security personnel present?

Mark only one oval.

- ☐ 24 hours a day
- ☐ Only on weekdays
- ☐ Only during normal working hours (e.g 8am to 5pm)
- ☐ Only on a call-in basis
- ☐ Never

22. **Do active-duty police officers act as security personnel in your primary emergency department?**

Mark only one oval.

☐

 Yes

☐

 No

☐

 Unsure

☐

 My primary emergency department does not have security personnel.

23. **Do non-police security personnel within your primary emergency department carry firearms while on shift?**

Mark only one oval.

☐

 Yes

☐

 No

☐

 Unsure

☐

 My primary emergency department only employs police as security personnel.

☐

 My primary emergency department does not have security personnel.

Please label each part of the firearm below.

24. **A.**

25. **B.**

26. **C.**

27. **D.**

28. **E.**



Thank you. Please let us know if you have any questions or concerns.